

CDC Classic Dance Clinic 2024

Clinic: May 28th - 31st

10:00 - 3:00 (with 30 minute lunch break, lunch not provided)

Performance: May 31st 6:30-7:30

Ages: 5th - 9th grade

Cost: \$100.00

Location: Lowell Scott Middle School auxiliary gym

Our 2nd camp will be July 29- August 1. There will be a 25% discount if dancer attends both camps.

This camp is designed for anyone interested in improving their dance technique and learning the skills needed for a middle or high school dance team. The camp is taught by Kijrsten Lawton, the LSMS head dance coach & former head coach of the nationally ranked, CHS Sweet Liberty Dance Team, and former and current Sweet Liberty dancers. At this camp, each dancer will improve their dance technique, take 3 specialty classes, a tumbling class, learn 3 dance routine, drill down commands, performing technique and other important skills needed for current, local, varsity dance teams. This camp is appropriate for all ability levels and each participant will receive a camp t-shirt to wear for their performance on Thursday.

For more information and to register on-line go to:

<https://cdcdanceclinic.weebly.com>

Or e-mail Kijrsten Lawton at: Lawton.kijrsten@westada.org

Please register early to confirm your spot.

Also, check-out our website and Facebook page to see:

- Our great camp clothes, that will be available at our camp store
 - Bio's on our amazing coaching staff
 - Camp schedule

Facebook



Website



Website or Facebook page:
CDC Dance Clinic

Please bring this form the first day of clinic.

REGISTRATION FORM - May Camp

Name of Dancer _____

2024-2025 Grade : 5th 6th 7th 8th 9th

Address _____

Phone #'s _____

Parent's names _____

Email address _____

Emergency Contact info (name & relationship)

_____ # _____

Medical info (i.e. allergies to food, injuries, medication etc.)

T-shirt size (circle one): YL S M L XL

Were you referred by an LSMS Chargette? Yes No

Chargette who referred you: _____

Please read and sign below:

Release of Liability:

In the consideration of allowing the named participant to be in the LSMS CDC clinic involving athletics and the use by the child of said premises and property of said program, the undersigned, being the legal and acting guardian of the participant and acting for themselves and on behalf of the participant, release and hold harmless Lowell Scott Middle School, it's principal, coaches, administration, teachers, students and all other agents from all other liability, claims, demands, or injury, including death, that may be sustained by the child and/or undersigned while in or upon the premises or while at any other premises or place when undertaking activities in whatever kind of nature related to activities sponsored by or participated in by the CDC instructors, coaches, advisors, and any other agents. I have read and understand this Release of Liability.

Parent/Guardian Signature:

_____ Date _____

Media Release:

I give permission for my child, to be photographed and videotaped during the CDC camp. My child's image may appear in print or online promoting the CDC camp. I understand that my child's name will not be used to identify my child. This permission form will be kept on file with the CDC camp and if I would like to withdraw my permission, I may do so at anytime.

Parent/Guardian Signature:

_____ Date _____